

ASM-MDI METERED-DOSE INHALERS

OUTCOME: The patient will be able to demonstrate correct technique for use of MDIs and understand their role in the management of asthma.

STANDARDS:

1. Instruct and demonstrate steps for standard or alternate use procedure for metered-dose inhalers and ways to clean and store the unit properly.
2. Review the importance of using consistent inhalation technique. **See ASM-SPA**

ASM-N NUTRITION

OUTCOME: The patient/family will understand nutritional factors that may effect or trigger asthma.

STANDARDS:

1. Discuss that some foods may effect asthma. Common triggers are milk products, egg products, wheat products, and other.
2. Refer to a dietician as appropriate.

ASM-NEB NEBULIZER

OUTCOME: The patient will be able to demonstrate effective use of the nebulizer device, discuss proper care and cleaning of the system, and describe its place in the care plan.

STANDARDS:

1. Describe proper use of the nebulizer including preparation of the inhalation mixture, inhalation technique, and care of equipment.
2. Discuss the nebulizer treatment as it relates to the medication regimen.

ASM-PF PEAK-FLOW METER

OUTCOME: The patient will be able to demonstrate correct use of the peak-flow meter and explain how its regular use can help achieve a more active lifestyle.

STANDARDS:

1. Discuss use and care of the peak flow meter as a tool for measurement of peak expiratory flow rate (PEFR) and degree of airway obstruction. Discuss peak flow zones in management of airway disease.
2. Explain how monitoring measurement of PEFR can provide an objective way to determine current respiratory function.
3. Emphasize how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate a more active lifestyle.
4. Explain that charting of peak flow values daily and bringing the chart to clinic visits will assist the provider in assessing the patient's current asthma control and in adjusting medications accordingly.

ASM-SPA SPACERS

OUTCOME: The patient will be able to demonstrate the correct use of spacers and understand their importance in delivery of medications.

STANDARDS:

1. Instruct and demonstrate proper technique for spacer use.
2. Discuss proper care and cleaning of spacers.
3. Explain how spacers improve the delivery of inhaled medications.

ASM-SHS SECOND-HAND SMOKE

OUTCOME: Provide the patient and/or family with an understanding of the adverse health consequences associated with exposure to second-hand tobacco smoke, and to discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define “passive smoking”, ways in which exposure occurs:
 - a. smoldering cigarette, cigar, or pipe
 - b. smoke that is exhaled from active smoker
 - c. smoke residue on clothing, upholstery, carpets or walls
2. Discuss harmful substances in smoke
 - a. nicotine
 - b. benzene
 - c. carbon monoxide
 - d. many other carcinogens (cancer causing substances)
3. Explain the increased risk of illness in the asthma patient when exposed to cigarette smoke either directly or via second-hand smoke.
4. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the asthma patient is not in the room at the time that the smoking occurs.
5. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.
6. Encourage smoking cessation or at least never smoking in the home or car.

ASM-TO TOBACCO (SMOKING)

OUTCOME: The patient and/or family will have an understanding of the dangers of smoking in the asthma patient and develop a plan to cut back or stop smoking.

STANDARDS:

1. Explain the increased risk of illness in the asthma patient when exposed to cigarette smoke.
2. Encourage smoking cessation. If the patient is unwilling to stop smoking emphasize the importance of cutting back on the number of cigarettes smoked in an effort to quit or minimize increased risk of illness or hospitalization.

See TO

PATIENT EDUCATION PROTOCOLS: ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADD-DP DISEASE PROCESS

OUTCOME: The patient and family will understand the nature of the disorder that is categorized into two diagnostic criteria: inattention and/or hyperactivity-impulsivity. The disorder usually manifests itself in childhood and continues into adulthood.

STANDARDS:

1. Discuss the current theories of the causes of attention deficit disorder.
 - A. Neurological: Brain damage
 - B. Neurotransmitter Imbalances: Dopamine, Norepinephrine, Serotonin - likely but not proven
 - C. Environmental toxins: lead, prenatal exposure to cigarette smoke and alcohol
 - D. Dietary Substances: Food additives, sugar, milk - not supported by most research
 - E. Genetics
 - F. Environmental Factors: Parenting and social variables
2. Discuss the three types of attention deficit disorder: Predominately Inattentive, Predominately Hyperactive/Impulsive or a combination of both.
3. Discuss the problems associated with attention deficit disorder: academic achievement, learning disabilities, health problems, social problems, and, sleep problems.
4. Discuss the prognosis for attention deficit disorder.

ADD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept. Discuss prescription medications and how follow-up relates to the ability of the patient to get refills of medications.

ADD-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family will understand that the growth of children with ADD/ADHD needs to be monitored closely.

STANDARDS:

1. **See ADD-N.**

ADD-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about ADD/ADHD.

STANDARDS:

1. Provide patient/family with written patient information literature on the ADD/ADHD.
2. Discuss the content of patient information literature with the patient/family.

ADD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family have an increased understanding of the factors that contribute to better outcomes for ADD Children and Adults:

STANDARDS:

1. Explain that the treatment of ADD requires family involvement in an ongoing fashion.
2. Discuss that effective therapy often requires restructuring home, community and school environments.
3. Explain that use of multiple, consistent, persistent interventions is necessary for a good outcome.
4. Discuss the need to advocate for, not against the child.
5. Discuss the importance of positive reinforcement for good behaviors and support of self esteem.
6. Discuss the effects of parental stress and marital problems on children. Further discuss that ADD may exacerbate parental stress and marital problems. Explain that these problems should not be ignored and that appropriate help should be sought as soon as the problem is identified.

ADD-M MEDICATION

OUTCOME: If applicable, the patient and family will understand the importance of complying with a prescribed medication regimen.

STANDARDS:

1. Review the proper use, benefits and common side effects of the prescribed medication.
2. Discuss drug and food interactions with prescribed medication.
3. Briefly review the mechanism of action of the medication if appropriate.
4. Explain that the medication should be stored in a safe place to avoid accidental overdoseage.

ADD-N NUTRITION

OUTCOME: The patient/family will understand nutritional requirements for the child with ADD/ADHD and will plan for adequate nutritional support.

STANDARDS:

1. Explain that the hyperactive child will often burn more calories than age-matched peers and will require additional caloric intake for adequate growth.
2. Discuss that many medications used for ADD/ADHD suppress appetite. Timing of medication may need to be adjusted to optimize hunger at mealtimes.
3. Explain that children with ADD are distractable and may need to be reminded to eat.

ADD-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed to diagnose ADD/ADHD.

STANDARDS:

1. Discuss the test(s) to be performed to diagnose ADD/ADHD. Answer the patient/family questions regarding the testing process.
2. Refer to Behavioral Health or other community resources as appropriate.

ADD-TX TREATMENT

OUTCOME: The patient and family will understand that the four components of treatment of ADD symptoms are based on biologically-based handicaps.

STANDARDS:

1. Discuss that the therapy for ADD is multifactorial and may consist of:
 - A. Parent Education
 - B. Behavior Management and Behavior Therapy
 - C. Educational Management
 - D. Medication Therapy

ATO-C COMPLICATIONS

OUTCOME: The patient/family will understand how to lessen the complications of their particular immune disorder.

STANDARDS:

1. Review the common complications associated with the patient's disease.
2. Review the treatment plan with the patient/family. Explain that complications are worsened by non-compliance with the treatment plan.

ATO-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the patient's particular Autoimmune Disease process.

STANDARDS:

1. Discuss the pathophysiology of the patient's autoimmune disorder and how it may affect function and lifestyle.
2. Explain that treatments are highly individualized and may vary over the course of the disease.
3. Explain that outcome varies with the specific disorder. Most are chronic, but many can be controlled with treatment.
4. Explain that symptoms of autoimmune disease vary widely depending on the type of disease. A group of very non-specific symptoms often accompany autoimmune disease. Review these symptoms with the patient.
 - a. Tires easily
 - b. Fatigue
 - c. Dizziness
 - d. Malaise
 - e. Fever, very low grade temperature elevations
5. Explain that specific autoimmune disease results in either destruction of an organ or tissue or increase in size of an organ or tissue.

ATO-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of routine follow-up as an integral part of health care and maintenance.

STANDARDS:

1. Discuss the importance of routine follow-up by the primary provider, social services, mental health services, nutritionist and community health services as appropriate.
2. Assess the need for any additional follow-up and make the necessary referrals.

ATO-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about the patient's autoimmune disorder.

STANDARDS:

1. Provide the patient/family with written patient information literature on autoimmune disorder.
2. Discuss the content of the patient information literature with the patient/family.

ATO-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand what lifestyle adaptations are necessary to cope with the patient's specific autoimmune disorder.

STANDARDS:

1. Assess the patient's and family's level of acceptance of the disorder.
2. Refer to Social Services, Mental Health and community services as appropriate.
3. Review the lifestyle areas that may require adaptations: diet, physical activity, sexual activity, role changes, communication skills and interpersonal relationships.

ATO-M MEDICATIONS

OUTCOME: The patient/family will understand the goals of drug therapy, the side effects of the medications and the importance of medication compliance.

STANDARDS:

1. Review the mechanisms of action for the patient's medication.
2. Discuss the proper use, benefits and common or important side effects of the patient's prescribed medications. Review signs of possible medication toxicity as indicated.
3. Emphasize the importance of taking medication as prescribed.

ATO-N NUTRITION

OUTCOME: The patient/family/caregiver will understand the role of appropriate nutrition in the management of the patient's autoimmune disease.

STANDARDS:

1. Explain that many patients with autoimmune diseases will have altered nutritional requirements. Refer to dietitian as indicated.
2. Explain that some autoimmune diseases may become better or worse with changes in diet.
3. Review the patient's current nutritional habits. Encourage the patient/family/caregiver to keep a food diary for review.
4. Emphasize the importance of adherence to the prescribed nutritional plan.

ATO-TE TESTING

OUTCOME: The patient/family will understand the test(s) to be performed, including indications, and the impact upon further care

STANDARDS:

1. Explain the test(s) ordered.
2. Explain the necessity, benefits, and risks of the test(s) to be performed and how it relates to the course of treatment.
3. Explain any necessary preparation for the test(s), i.e. fasting
4. Explain the meaning of the test results, if applicable.

ATO-TX TREATMENT

OUTCOME: The patient/family/caregiver will understand the possible treatments which will be available based upon the specific disease process, test results, and individual preferences.

STANDARDS:

1. Explain that the treatment plan will be made by the patient and medical team after reviewing available options.
2. Discuss the treatment plan, including lifestyle adaptations, pharmacologic, surgical, and psychosocial aspects of the treatment plan. Emphasize the importance of adhering to the treatment plan, including scheduled followup.
3. Refer to community resources as appropriate.

BT-C COMPLICATIONS

OUTCOME: The parent and/or family will understand the effects and consequences of BBTD on their child.

STANDARDS:

1. Review the consequences of severe tooth decay, i.e. infection, tooth loss, speech problems, aesthetics.
2. Review treatment modalities (tooth restoration, behavior management).
3. Review the health risks of general anesthesia.
4. Review the costs of extensive treatment.

BT-DP DISEASE PROCESS

OUTCOME: The parent and/or family will understand the causes, identification, and prevention of baby bottle tooth decay (BBTD).

STANDARDS:

1. Review the current factual information regarding the causes of BBTD.
2. Discuss how dental disease germs can be passed from parent to infant.
3. Discuss the role of sugar.
4. Review how to identify early signs of BBTD.

BT-FU FOLLOW UP

OUTCOME: The parent and/or family will understand the importance of infant and early childhood oral health care including dental well checks.

STANDARDS:

1. Discuss dental well child visits.
2. Review recommendations for early childhood dental care.
3. Discuss the importance of follow up in patients who have developed dental disease.

BT-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent and/or family will understand that primary dentition begins to develop during fetal life and that primary teeth serve several purposes.

STANDARDS:

1. Review primary tooth development.
2. Discuss the role of primary teeth in the growth and development of the mandible, maxilla and permanent teeth.

BT-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about the BBTD.

STANDARDS:

1. Provide patient/family with written patient information literature on BBTD.
2. Discuss the content of patient information literature with the patient/family.

BT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The parent and/or family will understand how to avoid the disease, adopt good feeding practices, avoid falling prey to old habits and develop positive oral hygiene habits.

STANDARDS:

1. Discuss attitudes toward feeding habits.
2. Review breast-feeding and bottle feeding practices.
3. Provide information on alternatives to misuse of baby bottles, i.e. no bottles in the bed, no propping of bottles, weaning at 12 months of age.

BT-N NUTRITION

OUTCOME: The patient/family will verbalize understanding of the need for balanced nutrition and plan for the implementation of dietary modification if needed

STANDARDS:

1. Review normal nutritional needs for optimal general and dental health.
2. Discuss current nutritional habits. Assist the patient in identifying unhealthy nutritional habits
3. Discuss nutritional modifications as related to Baby Bottle Tooth Decay.
4. Emphasize the importance of adherence to the prescribed nutritional plan.

BT-P PREVENTION

OUTCOME: The parent and/or family will understand how to prevent BBTD.

STANDARDS:

1. Review adult oral hygiene with the parent.
2. Review infant/child oral hygiene, i.e. the use of a soft washcloth to clean the gums of infants..
3. Discuss methods of prevention, including fluoride supplementation and limitation of sugar in diet.
4. Explain to parents methods of early identification of dental disease in infants and small children. Explain the importance of early treatment.
5. Review proper use of and alternatives to misuse of the bottle or nipple, i.e. no bottles in bed, no propping of bottles, and weaning at 12 months of age.
6. Emphasize that nothing should be given from a bottle except formula, breast milk, water, or electrolyte solution, i.e. no juice or soda pop.

BT-PM PAIN MANAGEMENT

OUTCOME: The patient/family will have an understanding of the plan for pain management.

STANDARDS:

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient; and may be multifaceted. **See PM.**
2. Explain that short-term use of NSAIDS may be helpful in pain management as appropriate.
3. Explain non-pharmacologic measures that may be helpful with pain control i.e. avoid hot and cold foods.

BT-PRO PROCEDURES

OUTCOME: The patient/family will understand procedure(s) to be performed to treat BBTD and the risk of not treating BBTD.

STANDARDS:

1. Explain the procedures proposed as well as alternatives and/or the risk of doing nothing.
2. Discuss common and important complications of treatment or non-treatment.

BT-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the risk(s)/benefit(s) of the test(s) and the risk(s) of refusal of the test(s).

STANDARDS:

1. Discuss the test(s) to be performed (X-ray, etc.)
2. Explain the necessity, benefits, and risks of the test to be performed and how it relates to the course of treatment. Discuss the risks of non-performance of the testing.

BT-TX TREATMENT

OUTCOME: The patient will understand the necessary treatment (filling, capping, etc.) and the proper oral care after treatment.

STANDARDS:

1. Explain the basic procedure to be used (filling, capping, etc.) and the indication, common complications and alternatives as well as the risks of non-treatment.
2. Review the specific elements of oral care after treatment. **See DC-, BT-P**
3. Discuss the indications for returning to the provider, i.e. bleeding, persistent or increasing pain and fever.

PATIENT EDUCATION PROTOCOLS: BEHAVIORAL AND SOCIAL HEALTH

BH-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the process of a psychological diagnosis or issue and develop a plan for appropriate activities of daily living.

STANDARDS:

1. Explain the mental health condition and causes. Reassure the patient.
2. Explain how the diagnosis is made (by symptoms, through testing, etc. as applicable).
3. Discuss options for treatment, both short-term and long-term.

BH-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

BH-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about the behavioral health.

STANDARDS:

1. Provide patient/family with written patient information literature on behavioral health.
2. Discuss the content of patient information literature with the patient/family.

BH-M MEDICATIONS

OUTCOME: The patient/family will understand the goal of drug therapy and the proper use of the medication.

STANDARDS:

1. Review proper use, benefits, common side effects, and length of therapy for the prescribed medications.
2. Emphasize compliance and continuation of therapy as prescribed even if improvement is not seen immediately. Emphasize how important it is to have medications, including injectable medications, administered at the correct time.
3. Emphasize the importance of communication with the physician and pharmacist about other medications currently being taken and any new medications prescribed while taking this medicine.
4. Emphasize that many traditional medicines, herbal remedies, and over-the-counter medicines can have dangerous interactions with psychiatric drugs. Reinforce the importance of talking to the physician and/or pharmacist before taking any non-prescription or prescription treatment while on this medicine.
5. Inform the patient that if their medication is changed, there may be a few days to a few weeks waiting period before a new medication is started.
6. Inform the patient that alcohol is contraindicated while taking this medication and that use of recreational drugs may make the medication ineffective.

BH-PSY PSYCHOTHERAPY

OUTCOME: The patient will understand the goals and process of psychotherapy.

STANDARDS:

1. Emphasize that for the process of psychotherapy to be effective they must keep all their appointments. Emphasize the importance of openness and honesty with the therapist.
2. Explain to the patient that the therapist and the patient will jointly establish goals, ground rules, and duration of therapy.

BH-WL WELLNESS

OUTCOME: The patient/family will understand some of the factors which contribute to a balanced and healthy lifestyle.

STANDARDS:

1. Explain that a healthy diet is an important component of behavioral and emotional health (refer to **WL-N**).
2. Emphasize the importance of stress reduction and exercise in behavioral and emotional health.
3. Explain that behavioral and emotional problems often result from unhealthy patterns of social interaction. Help to identify supportive social networks.
4. Emphasize that use of alcohol and/or drugs of abuse can be extremely harmful to behavioral and emotional health. Refer to **CD**.
5. Emphasize that behavioral and emotional problems often co-exist with domestic violence. Encourage the patient to use local resources as appropriate. Refer to **DV**.

BL-C COMPLICATIONS

OUTCOME: The patient/family will have an understanding of the potential complications of blood transfusions and the potential complications that might result from withholding blood transfusion.

STANDARDS:

1. Explain that there are two potential major complications from blood transfusions that occasionally occur.
 - a. Explain that the patient may develop volume overload as a result of the blood transfusion, particularly if the patient is a neonate, elderly, or has cardiopulmonary disease. The symptoms which should be reported to the nurse immediately may include:
 - i. restlessness
 - ii. headache
 - iii. shortness of breathw
 - iv. wheezing
 - v. cough
 - vi. cyanosis.
 - b. Explain that a transfusion reaction may occur. Explain that transfusion reactions may be severe and can include anaphylaxis or death. Instruct the patient/family that the following symptoms should be reported to the nurse immediately. Discuss that the symptoms are usually mild and may include:
 - i. hives
 - ii. itching
 - iii. rashes
 - iv. fever
 - v. chills
 - vi. muscle aches
 - vii. back pain
 - viii. chest pain
 - ix. headaches
 - x. warmth in the vein
2. Explain that blood supplies are currently thoroughly tested for blood borne diseases such as HIV or hepatitis. There still remains a small risk of transmission of blood borne disease from transfusion of blood or blood components.

BL-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

BL-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about blood transfusions.

STANDARDS:

1. Provide the patient/family with written patient information literature regarding blood transfusions.
2. Discuss the content of the patient information literature with the patient/family.

BL-S SAFETY

OUTCOME: The patient/family will have an understanding of the precautions taken to ensure that blood transfusions are safe and provide minimal risk for disease transmission or increased health risk.

STANDARDS:

1. Explain that blood collecting agencies make every effort to assure that the blood collected for donation is safe.
 - a. Explain that blood donors are carefully screened through a medical and social history before they donate blood.
 - b. Explain that donated blood is thoroughly tested to make sure it is free from disease or infection.
2. Explain that the laboratory carefully tests donated blood and the patient's blood to make sure that they are compatible.
3. Explain that two nurses will check to verify that the transfusion is intended for the patient and that it has been properly tested for compatibility.
4. Explain that the patient will be closely monitored by the nursing staff during the transfusion so that any complications or reactions will be identified and treated immediately.
5. Explain that it is the responsibility of the patient/family to report any suspected reactions immediately.

BL-TX TREATMENT

OUTCOME: The patient/family will have an understanding of the necessity for the blood transfusion.

STANDARDS:

1. Explain that a blood transfusion is the transference of blood from one person to another.
2. Explain that blood transfusions are necessary to treat blood losses related to surgery or trauma, to treat blood disorders, or treat cancer or leukemia. Identify the specific reason that the patient requires a transfusion.
3. Explain that there are a variety of blood components available. Describe the blood component that will be administered and explain the necessity as related to the specific injury or disease process.

BF-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The parent and/or family will have an understanding of the anatomy and physiology of breastfeeding.

STANDARDS:

1. Explain external anatomy of the breast, i.e. areola, nipple.
2. Explain internal anatomy of the breast, i.e. ducts, glands.
3. Explain the physiology of breastfeeding, i.e. colostrum, milk becoming abundant (let down) by day 2-3, milk ejection reflex, importance of a relaxed mother.

BF-BB BENEFITS OF BREASTFEEDING

OUTCOME: The parent(s) will be able to identify several benefits of breastfeeding.

STANDARDS:

1. Identify benefits to the mother, i.e. improved bonding, skin to skin contact, convenience, cost, improved postpartum weight loss.
2. Identify benefits to the baby, i.e. improved bonding, immunity to illnesses, natural nutrition, easier to digest.

BF-BC BREAST CARE

OUTCOME: The parent and/or family will be able to identify methods to use for management of engorgement and tenderness.

STANDARDS:

1. Explain techniques for management of engorgement and tenderness, i.e. ice packs, cool moist tea bags, minimal pumping, lanolin, cool showers, supportive nursing bra.
2. Explain signs of infection (mastitis), i.e. cold-like symptoms, fever, redness and soreness of the breast.
3. Explain signs and symptoms of infection (candida), i.e. soreness, cracking, bleeding, redness.
4. Explain the importance of seeking medical care for infections.

BF-BP BREASTFEEDING POSITIONS

OUTCOME: The parent and/or family will understand all 4 breastfeeding positions and provide a demonstration as appropriate.

STANDARDS:

1. Demonstrate the four breastfeeding positions: cradle position, modified cradle position, football position, side-lying position.
2. Emphasize the importance of burping before latching baby on to other breast and at the end of each feeding.

BF-CS COLLECTION AND STORAGE OF BREAST-MILK

OUTCOME: The parent and/or family will gain an understanding of the different pumps available in addition to hand expressing. The parent and/or family will also understand safety rules for storing breast milk.

STANDARDS:

1. Explain the use of manual and electric breast pumps as well as hand expressing.
2. Discuss storage safety rules, i.e. milk stays good in the refrigerator for 24 hours, refrigerator freezer for 1 month and deep freezer for 3 months.

BF-EQ EQUIPMENT

OUTCOME: The patient/family will verbalize understanding and demonstrate (when appropriate) proper use and care of equipment used for breast-feeding.

STANDARDS:

1. Discuss equipment to be used during breast-feeding. **See BF-CS.**
2. Discuss and/or demonstrate proper use and care of equipment; participate in return demonstration by the new mom.
3. Emphasize proper cleaning of equipment.

BF-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

BF-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent and/or family will have an understanding of the various growth and developmental stages of a nursing baby.

STANDARDS:

1. Explain growth and development stages in reference to a nursing baby, i.e. bonding, making eye contact with the baby while nursing, baby showing interest in surrounding while nursing, baby gaining independence via crawling/walking, periods of frequent nursing due to growth spurts, periods of baby showing no interest in nursing.

BF-HC HUNGER CUES

OUTCOMES: The parent and/or family will be able to name three early and three late hunger cues.

STANDARDS:

1. Explain early hunger cues, i.e. low intensity cry, small body movements, smacking, rooting.
2. Explain late hunger cues, i.e. high intensity cry, large body movements, arched back.

BF-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about breastfeeding.

STANDARDS:

1. Provide patient/family with written patient information literature on breastfeeding.
2. Discuss the content of patient information literature with the patient/family.

BF-LA LIFESTYLE ADAPTATIONS

OUTCOME: The parent and/or family will understand life style adaptations necessary for breastfeeding.

STANDARDS:

1. Discuss methods for breastfeeding discreetly in public.
2. Discuss the importance of stress management and relaxation as it relates to milk production and let-down.
3. Identify community resources available for breastfeeding support, i.e. La Leche League, WIC, community health nursing, breastfeeding educators, etc.
4. Explain the importance of eliminating the baby's exposure to nicotine. Recommend complete abstinence from nicotine; if abstinence is not possible, do not smoke or use tobacco products at least one hour prior to breastfeeding.
5. Discuss the possibility of and methods for continuing breastfeeding after returning to work.

BF-M MATERNAL MEDICATIONS

OUTCOME: The parent/family will understand that most medications are safe during breastfeeding but that some medications are detrimental to breastfed infants.

STANDARDS:

1. Explain that most medications are safe in breastfeeding.
2. Explain that there are a few medications that are absolutely contraindicated in breastfeeding such as all street drugs, most anticonvulsants, some antidepressants, chemotherapeutic agents, radio-pharmaceuticals, etc. (Note: this information is subject to change and current resources should be consulted before counseling a patient about any medication.
3. Emphasize to the parent/family that before the breastfeeding mother starts any new medication, over-the-counter medicine, dietary supplement, herbal or traditional remedy, she should consult her physician or other health care provider knowledgeable about medications in breastfeeding.

BF-MK MILK INTAKE

OUTCOME: The parent and/or family will have an understanding of optimal frequency of feedings as well as adequate quantity of infant's stools and wet diapers.

STANDARDS:

1. Discuss audible swallowing as a mechanism for assessing milk intake.
2. Explain frequency of feedings, i.e. 15-20 minutes each breast, feedings every 2-3 hours, 7-8 feedings each 24 hour period.
3. Explain normal infant output, i.e. 1-5 days old - 2 or more stools each 24 hour period, 5-7 wet diapers; after 4-5 days old - 4-5 stools each 24 hour period, 7-10 wet diaper; 1-2 months old less frequent stooling.

BF-N NUTRITION (MATERNAL)

OUTCOME: The parent/family will understand the nutritional needs of breastfeeding mothers.

1. Stress the importance of a balanced diet (may normalize weight but don't go on a diet).
2. Identify foods to avoid if necessary, i.e. chocolate, gas forming foods and highly seasoned foods.
3. Emphasize the increased need for water in the diet of breastfeeding mothers.
4. **See WL-N**

BF-ON LATCH-ON

OUTCOME: The parent and/or family will have and understanding of how to achieve an effective latch-on. Demonstration of effective latch-on will be given as appropriate to the situation.

STANDARDS:

1. Identify infant readiness cues, i.e. infant alert, wide open mouth.
2. Explain mother readiness, i.e. C-hold, position.
3. Explain methods of determining good latch-on.

BF-T TEETHING

OUTCOME: The parent/family will have an understanding of teething behaviors. The parent/family will identify ways to prevent biting while nursing, in addition, the parent/family will understand how to discourage persistent biting.

STANDARDS:

1. Explain the normal stages of teething, i.e. sore swollen gums and the baby's tendency to nurse to ease discomfort.
2. Identify ways to anticipate and prevent biting, i.e. giving the baby your complete attention while nursing, learn to recognize the end of a nursing, don't force a nursing, keep milk supply plentiful, keep breastfeeding relaxed and pleasant.
3. Explain techniques to use for discouraging persistent biting, i.e. stop the feeding, offer an acceptable teething object, quickly put baby on the floor, keep finger poised near baby's mouth to break the suction if needed, offer positive reinforcement when baby doesn't bite.

BF - W WEANING

OUTCOME: The parent/family will have an understanding of methods to effectively wean the child from breastfeeding.

STANDARDS:

1. Discuss appropriate reasons for weaning the infant from breastfeeding.
2. Explain readiness signs of weaning that the infant may display.
3. Explain the process of weaning, i.e. replace one feeding at a time with solids, bottle or cup.
4. Explain social ways to replace breastfeeding, i.e. reading books together, playing with toys, cuddling together.
5. Refer to community resources as appropriate.

CA-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient and family will have a basic understanding of the normal function of organ(s)/site being affected by the cancer.

STANDARD:

1. Explain relationship of anatomy and physiology of the system involved and how it may be affected by this tumor.
2. Discuss changes in health of the patient as it relates to the cancer site and the potential impact on health and well being.

CA-C COMPLICATIONS

OUTCOME: The patient/family/caregiver will understand that both the disease process and the therapy may have complications which may or may not be treatable.

STANDARDS:

1. Explain that cancer, depending on the primary site, size of the tumor, or degree of metastasis, and specific treatment regimens have various and diverse complications.
2. Explain that many therapies for cancer depress the immune system and that infection is a major risk.
3. Discuss that many therapies for cancer will have as a side-effect nausea and vomiting. This can often be successfully medically managed.
4. Discuss that pain may be a complication of the disease process or the therapy.
See PM

CA-DP DISEASE PROCESS

OUTCOME: The patient/family/caregiver will have an understanding of the definition of cancer, and types affecting American Indian population and treatment options available to alleviate specific to the patient's diagnosis.

STANDARD:

1. State the definition of Cancer, the specific type, causative and risk factors and effect of primary site of the cancer and staging of the tumor.
2. Discuss signs and symptoms and usual progression of specific cancer diagnosis.
3. Discuss significant complications of treatment.
4. Explain that many cancers are curable and most are treatable. Discuss prognosis of specific cancer.
5. Discuss the importance of maintaining a positive mental attitude.

CA-EQ EQUIPMENT

OUTCOME: The patient and family will verbalize understanding of durable medical equipment and demonstrate proper use and care of equipment.

STANDARDS:

1. Discuss the indication for and benefits of prescribed home medical equipment.
2. Demonstrate the proper use and care of medical equipment.
3. Review proper function and demonstrate safe use of equipment.
4. Discuss infection control principles as appropriate.

CA-FU FOLLOW UP

OUTCOME: The patient/family/caregiver will understand the importance of adherence to treatment regimen and to maintain activities to follow up with outside referral sources.

STANDARDS:

1. Emphasize the importance of obtaining referrals for contract health services when appropriate.
2. Explain that test(s) required by private outside providers need coordination with Indian health physicians.
3. Discuss process for making follow up appointments with internal and external providers.
4. Discuss individual responsibility for seeking and obtaining third party resources.
5. Discuss the importance of keeping follow-up appointments and how this may effect outcome.

CA-HM HOME MANAGEMENT

OUTCOME: The patient and family will understand home management of cancer process and develop a plan for implementation. The patient/family/caregiver will understand the coordination of health care services to assure the patient receives comprehensive care.

STANDARDS:

1. Explain the home management techniques necessary based on the status of the patient. Explain that these home management techniques may change on a day to day or week to week basis.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources as appropriate. Refer to hospice care as appropriate.
4. Refer to support groups as appropriate.

CA-L LITERATURE

OUTCOME: The patient/family/caregiver will receive written information of cancer and organizations that assist in the care of patients with cancer such as the American Cancer Society.

STANDARDS:

1. Provide written information about specific cancer diagnosis to the patient/family/caregiver.
2. Review content of patient information literature with patient/family/caregiver.
3. Advise of any agency or organization that can provide assistance and further education such as support groups.

CA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient and family will attempt to make necessary lifestyle adaptations to prevent or delay the onset of complications or to improve overall quality of life.

STANDARDS:

1. Review lifestyle behaviors the patient has control over such as diet, exercise, and habits related to risk of disease.
2. Encourage compliance with treatment plan.
3. Emphasize importance of the patient adapting to a lower risk, healthier lifestyle.
4. Review community resources available to assist the patient making changes. Refer as appropriate.

CA-M MEDICATIONS

OUTCOME: The patient and family will understand choice of medication to be used in management of cancer disease.

STANDARDS:

1. Explain medication regimen to be implemented. **See PM.**
2. Explain medication to be used including dose, timing, adverse side effects including drug-food interactions.
3. Explain affects of chemotherapy such as hair loss, nausea, vomiting and altered immune status.
4. Caution on the administration of live vaccines to self and family as appropriate. Discuss the implications of immunization advantages and disadvantages.

CA-N NUTRITION

OUTCOME: The patient, family/caregiver will receive nutritional assessment and counseling. Patient will verbalize understanding of need for a well balanced nutritional plan.

STANDARDS:

1. Assess patients current nutritional level and determine an appropriate meal plan.
2. Discuss ways the meal plan can be enhanced to decrease nausea and vomiting, or other complications associated with the therapy or the disease process.
3. Explain that medications may be provided to enhance appetite, decrease adverse effects of therapy or the disease process to assist in maintenance of proper nutrition.
4. Review normal nutrition needs for optimum health.
5. Discuss current nutritional habits and assist in developing a plan to implement the prescribed nutritional plan.
6. Discuss the patient's right to decline nutritional support.

CA-P PREVENTION

OUTCOME: The patient and family will have awareness of risk factors associated with the development of cancer and be able to access health activities.

STANDARDS:

1. Explain that the use of tobacco is a major risk factor for many and diverse types of cancer.
2. Discuss the need to use sunscreens or reduce sun exposure.
3. Discuss reduction to exposure of chemicals as appropriate.
4. Discuss other preventive strategies as currently determined by the American Cancer Society.
5. Discuss the importance of health surveillance and routine health maintenance and recommended screening procedures for a patient of this age/sex(PAP smears, colonoscopy, BSE, TSE, PSA, etc.).
6. Emphasize the importance of early detection of cancer in cancer cure. Encourage the patient to come in early if signs of cancer (unexpected weight loss, fatigue, GI bleeding, new lumps or bumps, nagging cough or hoarseness, change in bowel or bladder habits, changes in warts or moles, sores that don't heal, etc.) are detected.

CA-PM PAIN MANAGEMENT

OUTCOME: The patient/family will have an understanding of the plan for pain management.

STANDARDS:

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient; and may be multifaceted. **See PM**
2. Explain that narcotics and other medications may be helpful to control pain and the symptoms associated with pain or nausea and vomiting.
3. Explain non-pharmacologic measures that may be helpful with pain control.

CA-REF REFERRAL

OUTCOME: The patient/family will understand referral and contract health services process and will make a plan to follow-up with contract health services.

STANDARDS:

1. Emphasize that referrals to outside providers by Indian Health Service primary providers typically will be processed by Contract Health Services.
2. Explain the procedure for the referral to the private sector is usually based on a priority system and/or waiting list.
3. Explain that coverage by insurance companies and Medicare/Medicaid packages will be utilized prior to contract health service funds in most cases. The Indian Health Service is a payer of last resort.
4. Discuss the rules/regulations of Contract Health Services.
5. Refer as appropriate to community resources for Medicaid/Medicare enrollment, i.e. benefits coordinator, social services. **See EOL-LW**
6. Discuss the importance of follow-up care and the requirement to notify contract health services of any future appointments and procedures by the private sector. **Referrals are for one visit only**, unless otherwise specified. Future and/or additional referrals must be approved prior to the appointment.

CA-TE TESTS

OUTCOME: The patient /family will understand the conditions under which testing is necessary and the specific test(s) to be performed, technique for collecting samples and the expected benefit of testing and any associated risks. The patient/family will also understand alternatives to testing and the potential risks associated with the alternatives (i.e. risk of non-testing).

STANDARDS:

1. Explain that tests may be necessary for diagnosis or staging of cancer and follow-up therapy. Discuss the procedure for the test to be performed, the benefit expected and any associated risks.
2. Explain the alternatives to the proposed test(s) and the risk(s) and benefits(s) of the alternatives including the risk of non-testing.
3. Explain any preparation for testing that is necessary, i.e. NPO status, bowel preps.

CA-TX TREATMENT

OUTCOME: The patient/family will understand the difference between palliative and curative treatments; and understand that the focus of the treatment plan will be on the quality of life rather than quantity of life.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of a treatment plan.
2. Explain what signs/symptoms should prompt an immediate call to the provider.
3. Explain the difference between palliative and curative treatments.
4. Explain that treatments may prolong the patient's life and improve the quality of life by increasing patient comfort or curing of the disease process.
5. Discuss therapies that may be utilized including chemotherapy, surgical debulking or removal of tumor and radiation therapy as appropriate.
6. Explain that various treatments have their own inherent risks, side effects and expected benefits. Explain the risk/benefit of treatment/non-treatment.

CVA-C COMPLICATIONS

OUTCOME: The patient/family will understand how to prevent the complications of cerebrovascular disease.

STANDARDS:

1. Discuss common complications of cerebrovascular disease (loss of function, loss of speech, confusion, loss of independence, etc.)
2. Discuss the importance of following the prescribed treatment plan including physical therapy, medications and rehabilitation in maximizing potential.

CVA-DP DISEASE PROCESS

OUTCOME: The patient will have an understanding of cerebrovascular disease and its symptoms.

STANDARDS:

1. Explain that cerebrovascular disease is the result of the buildup of plaque in the interior wall of the arteries of the brain.
2. Review the factors related to the development of cerebrovascular disease - smoking, uncontrolled hypertension, elevated cholesterol, obesity, uncontrolled diabetes, sedentary lifestyle, increasing age, and male sex. Emphasize that a history of coronary artery disease greatly increases the risk of cerebrovascular disease and vice-versa.
3. Review the signs of cerebrovascular disease (weakness, numbness, confusion, slurred speech, episodes of “blacking out”, etc.).
4. Explain that the symptoms of cerebrovascular disease occur when the brain is deprived of oxygen.
5. Differentiate between temporary ischemic attack (the temporary loss of oxygen to the brain) and “stroke” (a permanent loss of oxygen to the brain resulting in permanent damage and loss of function).
6. Explain that sometimes only a physician, through test interpretation, may be able to differentiate between TIA and stroke.
7. Emphasize that a TIA is a significant warning sign which may be a precursor to a stroke and permanent loss of function. Any TIA or similar symptoms should prompt immediate medical evaluation.
8. Emphasize that effects of a stroke are often reversible with early intervention and appropriate rehabilitation. Refer as appropriate.

CVA-EQ EQUIPMENT

OUTCOME: The patient/family will verbalize understanding and demonstrate (when appropriate) proper use and care of medical equipment.

STANDARDS:

1. Discuss indications for and benefits of prescribed medical equipment to be used during the hospital stay and/or at home after discharge.
2. Discuss and/or demonstrate proper use and care of medical equipment; participate in return demonstration by patient/family.
3. Emphasize infection control principles and the safe use of equipment.

CVA-FU FOLLOW-UP

OUTCOME: The patient will verbalize an understanding of the importance of adhering to a treatment regimen, be able to identify appropriate actions to take for symptoms indicating life-threatening ischemia, and will make a plan to obtain and keep appropriate follow-up appointments.

STANDARDS:

1. Discuss the individual's responsibility in the management of cerebrovascular disease.
2. Review treatment plan with the patient, emphasizing the need for keeping appointments, complying with medication therapy, adhering to dietary modifications, and maintaining an appropriate activity/rest balance.
3. Review the symptoms which should be reported (symptoms more frequent or occurring during rest, symptoms lasting longer, etc.).

CVA-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of status post stroke patients and make a plan for implementation..

STANDARDS:

1. Discuss the home management plan and methods for implementation of the plan.
2. Explain the importance of following a home management plan, i.e. fewer falls, fewer emergency room visits, fewer hospitalizations and fewer complications.
3. Explain the use and care of any necessary home medical equipment.

CVA-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about the cerebrovascular disease.

STANDARDS:

1. Provide patient/family with written patient information literature about cerebrovascular disease.
2. Discuss the content of patient information literature with the patient/family.

CVA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will have an understanding of the lifestyle adaptations necessary to maintain optimal health.

STANDARDS:

1. Emphasize that the most important component in the prevention and treatment of cerebrovascular disease is the patient's adaptation to a healthier, lower risk lifestyle.
2. Discuss lifestyle adaptations that may reduce further risk of TIA and/or stroke and improve the quality of life (cease all use of tobacco products, control hypertension and elevated cholesterol through medications, diet and exercise, lose weight as indicated, control diabetes, and increase activity as prescribed by the physician).

CVA-M MEDICATIONS

OUTCOME: The patient will have an understanding of the importance of following a prescribed medication regimen.

STANDARDS:

1. Review proper use, benefits, and common side effects of the medications.
2. Emphasize the importance of maintaining strict adherence to the medication regimen.

CVA-N NUTRITION

OUTCOME: The patient/family will have an understanding of how to control cerebrovascular disease through weight control and diet modification and develop an appropriate plan for dietary modification.

STANDARDS:

1. Assess current nutritional habits.
2. Review the relationship between diet and cerebrovascular disease, hypertension, elevated cholesterol, and obesity.
3. Provide lists of foods that are to be encouraged and avoided. Refer to dietitian or other local resources as available.
4. Assist in developing an appropriate diet plan to achieve optimal weight and cholesterol control.
5. See **LIP**.

CVA-P PREVENTION

OUTCOME: The patient/family will understand ways to prevent CVA.

STANDARDS:

1. Discuss that prevention of cerebrovascular disease is far better than controlling the disease after it has developed.
2. Explain that consuming a diet low in fat, and controlling weight, lipid levels and blood pressure will help to prevent CVA.
3. Discuss that persons with uncontrolled diabetes and uncontrolled hypertension and uncontrolled dyslipidemia are more likely to develop CVA. Stress the importance of controlling these disease processes. **See DM, HTN, LIP, OBS**

CVA-S SAFETY AND INJURY PREVENTION

OUTCOME: The patient and/or appropriate family member(s) will understand the importance of injury prevention and implement of safety measures.

STANDARDS:

1. Explain to patient and family members the importance of body mechanics and proper lifting techniques to avoid injury.
2. Assist the family in identifying ways to adapt the home to improve safety and prevent injuries (remove throw rugs, install bars in tub/shower, secure electrical cords, etc.).
3. Stress importance and proper use of mobility devices (cane, walker, wheel chair).

CVA-TE TESTS

OUTCOME: The patient/family will have an understanding of the tests to be performed, the risk(s)/benefit(s) of the test(s) and the risk(s) of refusal of the test(s).

STANDARDS:

1. Explain the test ordered (CT, MRI, angiography, etc.).
2. Explain the necessity, benefits and risks of the test to be performed and how it relates to the course of treatment.

CVA-TX TREATMENTS

OUTCOME: The patient/family will have an understanding of the possible treatments that may be performed based on the test results.

STANDARDS:

1. List the possible procedures that might be utilized to treat the arterial blockage (angioplasty, carotid endarterectomy, etc).
2. Briefly explain each of the possible treatments.
3. Explain that the treatment decision will be made by the patient and medical team after reviewing the results of diagnostic tests.

CD-C COMPLICATIONS

OUTCOME: The patient and family will understand how to avoid the complications of chemical dependency and develop a plan to slow the progression of the disease by compliance with a prescribed daily program.

STANDARDS:

1. Review the effects that the different chemicals have on the body. Emphasize the long term effects of continued use of the patients's specific dependency/substance abuse.
2. Discuss the symptoms indicative of progression of disease.
3. Review the effects of chemical dependency on lifestyle and on all family members.

CD-DP DISEASE PROCESS

OUTCOME: The patient and family will understand the disease process of chemical dependency/substance abuse and develop motivation for change.

STANDARDS:

1. Review the current factual information re: the patient's specific chemical dependency/substance abuse.
2. Provide the patient with an opportunity for discussion and referral for the purpose of acknowledging and understanding the diagnosis of chemical dependency.
3. Explain addiction, dependency, and co-dependency.
4. Discuss a plan of care that will achieve the goal of sobriety and freedom from use of mood altering chemicals.

CD-EX EXERCISE (Refer to WL-EX)

OUTCOME: The patient and family will understand the role of an exercise program as part of rehabilitation and maintenance of sobriety.

STANDARDS:

1. Review the benefits of regular exercise i.e., reduced stress, weight control, increased self-esteem and overall sense of wellness.
2. Assist the patient in development of a reasonable plan for regular exercise.

CD-FU FOLLOW-UP

OUTCOME: The patient and family will participate in a prevention program such as a support group to help prevent relapse.

STANDARDS:

1. Discuss the positive attributes of AA, ALANON and/or related groups.
2. Review the nature of chemical dependency as a primary, chronic and arrestable disease.
3. Review the treatment and support options available to the patient and family.

CD-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of chemical dependency and make a plan for implementation..

STANDARDS:

1. Discuss the home management plan and methods for implementation of the plan.
2. Discuss the importance of appropriate relationships, i.e. the possible need to sever old, unhealthy relationships and form new healthy relationships.

CD-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about chemical dependency.

STANDARDS:

1. Provide patient/family with written patient information literature on chemical dependency.
2. Discuss the content of patient information literature with the patient/family.

CD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient and family will understand that chemical dependency is a primary, chronic, and arrestable disease and will develop a plan to modify behaviors which propagate chemical dependency or substance abuse.

STANDARDS:

1. Discuss the patient's use/abuse of chemicals.
2. Discuss patient and/or family attitudes towards dependency or substance abuse and mechanisms to modify those attitudes and behavior.
3. Discuss the power of addiction and the need to utilize family and community resources to help control this addiction.
4. Explain that both patient and family need to acknowledge, admit and develop a plan to seek help.
5. Review treatment options available.

CD-M MEDICATIONS

OUTCOME: If applicable, the patient and family will understand the importance of complying with a prescribed medication regimen.

STANDARDS:

1. Review the mechanism of action of the prescribed medication.
2. Discuss the side effects of the prescribed medications.
3. Emphasize the importance of not self-medicating for any purpose.
4. Review OTC medications (e.g., cough syrup) that contain ETOH/drug additives and the signs/symptoms of innocent ingestion.

CD-N NUTRITION

OUTCOME: The patient and family will understand the importance of a nutritionally balanced diet in relationship to recovery from chemical dependency. Patients will strive to acquire and maintain a healthy weight.

STANDARDS:

1. Assess the patient's current nutritional habits. Review how these habits might be improved.
2. Discuss the importance of the food guide pyramid, regular eating habits and the possible need to increase carbohydrates.
3. Emphasize the importance of limiting snack foods, fatty foods, fatty red meats, reducing sodium consumption and adding more fresh fruits, fresh vegetables and fiber to the diet.
4. Emphasize the necessary component – WATER – in a healthy diet. Reduce the use of colas and coffee.
5. Review the symptoms of hypoglycemia for patients at risk.

CD-P PREVENTION

OUTCOME: Make the patient aware of the dangers of chemical dependency and substance abuse to promote a drug-free lifestyle.

STANDARDS:

1. Increase awareness of risk behaviors which can lead to chemical dependency; i.e.: experimentation with chemicals can lead to addiction and there may be a progression to poly-drug use.
2. Discuss how chemical dependency adversely affects lifestyle.

CP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand some possible etiologies of chest pain.

STANDARDS:

1. Discuss various etiologies for chest pain, i.e., cardiovascular, pulmonary, musculoskeletal, gastrointestinal, etc.
2. Explain that diagnostic testing may be required to determine the etiology.

CP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments and comply with instruction given for recurrence of chest pain.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Explain circumstances /examples that should prompt immediate medical attention.
3. Discuss the procedure for obtaining follow-up appointments.
4. Emphasize that appointments should be kept.

CP-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about chest pain.

STANDARDS:

1. Provide the patient/family with written patient information literature on chest pain.
2. Discuss the content of patient information literature with the patient/family.

CP-M MEDICATIONS

OUTCOME: The patient/family will understand the goal of drug therapy and proper use of medications.

STANDARDS:

1. Review the proper use, benefits and common side effects of prescribed medications.
2. Emphasize the importance of maintaining strict adherence to the medication regimen.
3. Encourage the patient to carry a list of current medications with them.

CP-N NUTRITION

OUTCOME: The patient/family will have an understanding of how nutrition might affect chest pain.

STANDARDS:

1. Discuss as appropriate that some foods might exacerbate chest pain.
2. Refer to a dietician as appropriate.

CP-TE TESTING

OUTCOME: The patient/family will have an understanding of tests to be performed, the potential risks, expected benefits and the risk of non-testing.

STANDARDS:

1. Explain tests that have been ordered.
2. Explain the necessary benefits and risks of tests to be performed. Explain the potential risk of refusal of recommended test(s).
3. Inform patient of any advance preparation for the test, i.e., NPO status, etc.

PATIENT EDUCATION PROTOCOLS: CHILD HEALTH - NEWBORN (0-60 days)

CHN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHN-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will have a basic understanding of a newborn's growth and development.

STANDARDS:

1. Discuss the various newborn reflexes.
2. Explain the limits of neuromuscular control in newborns.
3. Review the myriad of "noises" newborns can make and how to differentiate between normal sounds and signs of distress.
4. Review the limited wants of newborns— to be dry, fed and comfortable.
5. Discuss the other newborn aspects--sleeps about 20 hours, may have night and day reversed, colic and fussiness, knows mother better than father.

CHN-I INFORMATION

OUTCOME: Parents/family will have an understanding of newborn health and wellness issues.

STANDARDS:

1. Bowel habits
 - a. Discuss the difference in frequency, consistency, texture, color, and odor of stools of breast or bottle fed newborns. Stress that each newborn is different.
 - b. Review constipation. Strongly discourage the use of enemas or homemade preparations to relieve constipation.
 - c. Review diarrhea protocols -- clear liquids, when to come to the clinic.
 - d. Discuss normal I/O (7-8 wet and/or dirty diapers by the 4th to 5th day of life.)
2. Stress the dangers of fever (>101 degrees Fahrenheit) in the newborn period and the importance of seeking immediate medical care. **See NF.**
3. Discuss that rectal temperature is a reliable method of temperature measurement in newborns.
4. Discuss the option of circumcision and care of the circumcised and uncircumcised penis.
5. Discuss newborn hygiene (bathing, cord care, avoidance of powders, etc.)
6. Discuss symptoms of jaundice and icterus and when to seek medical care.
7. Discuss the immunization schedule and when the infant should receive his/her first immunization. **See IM.**
8. Discourage use of medications in the newborn period.

CHN-L PATIENT INFORMATION LITERATURE

OUTCOME: The parent/family will receive written information about child health issue.

STANDARDS:

1. Provide patient/family with written patient information literature on child health issue.
2. Discuss the content of patient information literature with the patient/family.

CHN-N NUTRITION

OUTCOME: The parent/family will have an understanding of the various methods of feeding a baby in order to ensure good nutrition and adequate growth.

STANDARDS:

1. Discuss the options of breastfeeding versus bottle feeding. **See BF.**
2. Discuss that solids are not needed until 4-6 months of age.
3. Discourage the use of cereals added to formula except when specifically recommended by the health care provider.
4. Emphasize that nothing should be given from the bottle but formula, breast milk, water, or electrolyte solutions: i.e., no caffeinated beverages or other soft drinks.
5. Review formula preparation and storage.
6. Review proper technique and position for bottle feeding (i.e. no propping of bottles).

CHN-PA PARENTING

OUTCOME: The parent/family will cope in a healthy manner to the addition of a new family member.

STANDARDS:

1. Discuss the common anxieties of new parents.
2. Review some of the changes of adding a new baby to the household.
3. Review the sleeping and crying patterns of a new baby.
4. Emphasize the importance of bonding and the role of touch in good emotional growth.
5. Emphasize that fatigue, anxiety, and frustration are normal and temporary. Discuss coping strategies.
6. Discuss sibling rivalry and some techniques to help older siblings feel important.
7. Review the community resources available for help in coping with a new baby.

CHN-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent/family will understand principles of injury prevention and plan to provide a safe environment.

STANDARDS:

1. Review the dangers of leaving a newborn unattended. Discuss the need to require ID from people presenting themselves in an official capacity.
2. Stress the use of a properly secured car seat EVERY TIME the newborn rides in a vehicle.
3. Discuss the dangers posed by--open flames, closed-up cars, siblings, plastic bags, tossing the baby in the air, second-hand cigarette smoke and shaken-baby syndrome.
4. Illustrate the proper way to support a newborn's head and back.
5. Explain that SIDS is decreased by back or side-lying.
6. Stress the importance of carefully selecting child-care settings to assure child safety.

PATIENT EDUCATION PROTOCOLS: CHILD HEALTH - INFANT (2-12 months)

CHI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHI-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will have an understanding of the biologic and developmental changes and achievements during infancy and provide a nurturing environment to achieve normal growth and development.

STANDARDS:

1. Review the expected weight and height changes.
2. Review the improvements in neuromuscular control--visual acuity and motor control.
3. Discuss psycho-social development--prevalence of narcissism and acquisition of trust.
4. Discuss cognitive development--active participation with the environment fosters learning.
5. Review adaptive behaviors:
 - a. Smiles by 8 weeks.
 - b. Show interest in environment by 3 months.
 - c. Laughs by 4 months.
 - d. Is very personable by 6 months.
 - e. Understands simple directions by 6 months.
 - f. Imitates by 8 months.
 - g. Plays peek-a-boo, patty-cake by 10 months.

CHI-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about child health issue.

STANDARDS:

1. Provide patient/family with written patient information literature on child health issue.
2. Discuss the content of patient information literature with the patient/family.

CHI-N NUTRITION

OUTCOME: The parent(s) will understand the changing nutritional needs of an infant.

STANDARDS:

1. Discuss the schedule for introducing solids and juices at 4-5 months of age, and how to accomplish first spoon feeding. Explain that solids should not be fed from a bottle or infant feeder but from a spoon.
2. Review breast-feeding and discuss current information on the use of vitamin and iron supplements when breast-feeding.
3. Review formula preparation and storage and proper technique and position for bottle feeding (no propping bottles in bed).
4. Discuss age appropriate intake (ounces/day) and stress the dangers of overfeeding.
5. Discuss weaning, transition from bottle to cup. Emphasize the effects of “baby bottle tooth decay”.
6. Discuss waiting 3-4 days between addition of new foods to identify food allergies.
7. Discuss as appropriate the recommendations for fluoride supplementation in non-fluoridated water areas. (Currently no fluoride supplementation is recommended for infants under 6 months of age.)